

# POLITICAL ACTION COMMITTEE (PAC) QUARTERLY REPORTING FORM

To be filed with:  
Charlie Daniels, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

<b>1. NAME OF COMMITTEE (IN FULL)</b>	<b>2. TYPE OF REPORT</b> <input type="checkbox"/> April 15 Quarterly covers January 1 through March 31 <input type="checkbox"/> July 15 Quarterly covers April 1 through June 30 <input type="checkbox"/> October 15 Quarterly covers July 1 through September 30 <input type="checkbox"/> January 15 Quarterly covers October 1 through December 31
<b>ADDRESS</b>	
<b>CITY, STATE AND ZIP CODE</b>	<b>3. IS THIS REPORT AN AMENDMENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD		
5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY)		
6. TOTAL MONETARY CONTRIBUTIONS RECEIVED		
7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES		
8. ADMINISTRATIVE EXPENSES		
9. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD		
10. ( ) <b>NO ACTIVITY</b> (check if you have not received or made any contributions during this reporting period)		

I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

\_\_\_\_\_  
Signature of PAC Officer

State of Arkansas	} ss
County of _____	
Subscribed and sworn before me this _____ day of _____, 20_____.	
_____ Signature of Notary Public	
(Legible Notary Seal)	
My Commission Expires: _____	
<b>Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.</b>	

The law provides for a maximum penalty of \$1,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of Ark. Code Ann. § 7-6-201 through § 7-6-225. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

**11. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED  
BY COMMITTEE OVER \$500**

Please Type or Print  
Use Additional Copies of this Page if Necessary

Date	Name of Contributor	Address of Contributor	Employer/ Place Of Business	Amount Of Contribution	Cumulative Total for Year

**ITEMIZED MONETARY CONTRIBUTIONS RECEIVED**

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## BY COMMITTEE OVER \$500

Please Type or Print

Date	Name of Contributor	Address of Contributor	Employer/ Place Of Business	Amount Of Contribution	Cumulative Total for Year
12. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD					
13. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD					
14. <b>TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD</b> (to be entered on line #6)					

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**REVISED 01/03**

## 19. ITEMIZED CONTRIBUTIONS MADE TO CANDIDATES OVER \$50

Please Type or Print  
Use Additional Copies of this Page if Necessary

[illegible]

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REVISÉD 01/03

# ITEMIZED CONTRIBUTIONS MADE TO CANDIDATES OVER \$50

Please Type or Print

Date	Name of Candidate To Whom Contribution Made	Address Of Candidate	Office Sought by Candidate	Amount Of Contribution
20. TOTAL ITEMIZED CONTRIBUTIONS MADE TO CANDIDATES DURING REPORTING PERIOD				
21. TOTAL UNITEMIZED CONTRIBUTIONS MADE TO CANDIDATES DURING REPORTING PERIOD				
22. <b>TOTAL CONTRIBUTIONS MADE TO CANDIDATES DURING REPORTING PERIOD</b> (to be entered on line #7)				

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## 23. ITEMIZED ADMINISTRATIVE EXPENSES OVER \$100

Please Type or Print

Date	Name and Address of Supplier/Payee	Description of Expenditure	Amount of Expenditure
24. TOTAL ITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD			
25. TOTAL NONITEMIZED ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD			
26. <b>TOTAL ADMINISTRATIVE EXPENSES INCURRED DURING REPORTING PERIOD</b> (to be entered on line #8)			

## 15. ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE OVER \$500

Please Type or Print  
Use Additional Copies of this Page if Necessary

Date of Receipt	Full Name and Address of Contributor	Description of Nonmoney Item	Value of Nonmoney Item	Cumulative Total From This Contributor
16. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
17. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
18. <b>TOTAL NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD</b>				

### IMPORTANT

**In addition to monetary contributions, political action committees are required to report the receipt of any nonmoney (“in-kind”) contributions. A political action committee receives an in-kind contribution whenever a person provides it with an item or service without charge or for a charge that is less than the fair market value of the item or service in question. The value of an in-kind contribution is the difference between the fair market value and the amount charged.**

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**REVISED 01/03**